

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
MEIERS	RICHARD	E.	(808) 521-8961
MAILING ADDRESS (Street)			FAX
932 WARD AVENUE, SUITE 430			(808) 599-2879
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX
932 WARD AVENUE, SUITE 430			(808) 599-2879
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96814	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII	(808) 521-8961
MAILING ADDRESS (Street)	FAX
932 WARD AVENUE, SUITE 430	(808) 599-2879
(City)	(State)
HONOLULU	HAWAII
(Zip Code)	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
LESLIE T. HO	(808) 521-8961
MAILING ADDRESS (Street)	FAX
932 WARD AVENUE, SUITE 430	(808) 599-2879
(City)	(State)
HONOLULU	HAWAII
(Zip Code)	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*
(Signature of Lobbyist)

January 5, 2007

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

SUSAN MURRAY

Chair, Board of Directors

NAME OF ORGANIZATION (if applicable)

TELEPHONE

HEALTHCARE ASSOCIATION OF HAWAII

(808) 521-8961

MAILING ADDRESS (Street)

FAX

932 WARD AVENUE, SUITE 430

(808) 599-2879

(City)

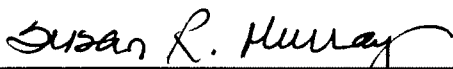
(State)

(Zip Code)

HONOLULU

HAWAII

96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.
(Signature of Authorizing Officer or Person Represented)

January 5, 2007

(Date)